EXHIBIT 11

Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

OMB No 1013 0047

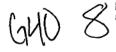
		of the Tre	asury)	nter social security numbers on this on about Form 990 and its instruction	-				en to l nspec	Public tion		
			5 calendar year, or tax year t		015, and ending	ovnomiaso.		. 20		поп		
_	. 07 1	10 20 1		regulating , 20	ors, and enoning	D Employer ide	ntification	, -				
В	Check is a	аррясерыя	C Name of organization OPEN SOCIETY POLICY	CENTED		52-2028		,,,,,,,	•			
1	" Addi			CENTER			3933					
	- chan	ige	Doing business as Number and street (or P O box if m	and in and deliment to street address?	Room/suite	E Telephone nu	mhor					
-	-	e change	•		Room/suite	1						
-		irelutro i	224 WEST 57TH STREE			(212) 54	(212) 548-0600					
-	_ i lerm	ingled ingled	City or fown, state or province, cou	ntry, and ZIP or foreign postal code		1						
-	- retur	'n	NEW TORK, NT 10015				G Gross receipts \$			17,000,000		
L	T beco	ic Main ling	F Name and address of principal office	H(a) is this a ground subcidinates				X No				
]		T NEW YORK, NY 10019		H(b) Are all subord	inales nokided	"	Yes	No		
١		xempt sta		c)(4) (insert no) 4947(a))(1) or 527	If "No," attac	thatist (see	instruc	(and			
ī	Webs	ite: 🕨	WWW.OPENSOCIETYPOLICY	CENTER ORC	-	H(c) Group exem						
ĸ	Form	of organ	ization X Corporation Trust	Association Other	L. Year of fo	rmation 1997 M	State of te	ga; do	micile	DC		
P	art I		mmary									
	1	Briefly	describe the organization's missi	on or most significant activities TO	PROMOTE SOCT	AL WELFARE,	INCLUI	DING				
e		ADVO	CACY FOR THE REFORM	OF PUBLIC WELFARE LAWS.								
Activities & Governance												
Ver	2	Check	this box > if the organization	on discontinued its operations or disp	posed of more than	25% of its not assets	s					
ဖိ	3	Numb	er of voting members of the gover	rning body (Part VI, line 1a)			3			. 7		
•5 ග	4	Numb	er of independent voting members	of the governing body (Part VI, line 1	b)		4			1		
Ę.	5			calendar year 2015 (Part V, line 2a).			5			0.		
Š	6		number of volunteers (estimate if n				6			0.		
Ā	7a		•	art VIII, column (C), line 12			7a			0		
				rom Form 990-T, line 34			7b			0		
			w to			Prior Year		Cur	ent Y	ear		
	8	Contri	butions and grants (Part VIII, line 1	h),		8,000,00	o	17,	000	,000		
ž	9	Progra	im service revenue (Part VIII, line 2		0.			0				
eve	10	Invest	ment income (Part VIII, column (A), lines 3, 4, and 7d)			0			0		
Revenue	11	Other	revenue (Part VIII. column (A). line	es 5, 6d, 8c, 9c, 10c, and 11e)			0.	W	~~~	0		
	12	Total r	evenue - add lines 8 through 117	most equal Part VIII, column (A), line 1	2)	8,000,00	ā. l	17,	000	000		
	13		and similar amounts paid (Part IX		=/-:	10,535,23	2.	7,	653	480.		
	14	Benefi	ts paid to or for members (Part IX.	column (A) (line 4V			0.1	:		0		
m	15	Salarle	s other compensation emilione	benefits (Part IX, column (A), lines 5-1			0.			0		
Expenses			sional fundraising fees (Part) X, co		٠/		0.			0.		
ě	, ou	Total f	undraising expenses (Part IXI colu	mp (D) liga 25 20 40		Marine arranger areas which do for some of						
ŭ	17		expenses (Part IX, column (A), line			2,054,91	3 1 ~	2	580	, 172 -		
	18	Total	expenses Add lines 13-17 (must-	S	• • • • • • • • •	12,590,14				652.		
	19	Reven	ue less expenses Subtract line 18	toon loos 13		-4,590,14				348.		
P S		1704011	ne iggs exhauses Shottact illie 10	leginning of Current Y		End of Year						
Assets or d Balances	20	Total	resets (Part V line 46)		F	4,243,09				160		
Bal	21		abilitios (Part X, line 16)		• • • • • • • • •	1,107,36		10,		,090.		
Net A	22			20 24 from line 20		3,135,72		g		,070		
	731		sets or fund balances. Subtract lir	ezi irom iine zu,	• • • • • • • • • • • • • • • • • • • •	3,10,16	~:		J J L			
		territory paylors against		ad this return including accompanies as	hadulae and statemen	ate and to the best of	my keen	ladas	and by	alief it is		
true	come	al end c	omplote Declaration of preparer (other	ed this return, including accompanying so	which preparer has a	ny knowledge	- my know	louge	and be	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
_		T. SUI VI					11/10/2016					
Sig	ın		Signature of officer	Dale	k							
Here		SIEPHEN RICKARD EXECUTIVE DIRECTOR										
		🕞 -	Type or print name and title	PAEC	OLIVE DIRECT	OF.						
		1	ype prepaiers name	Preparer's signature	Date	7 1 - 1	T diffe.					
Paic	j	i	ARET A BRADSHAW	Magnet a Statistica 5	ì	Check	u PTIN	0.0-				
Pre	parer			No. of the last of	1.1/08/16		l		0122	7.		
Use	Only	Firms	name =	THE WORK AND A COURT OF THE		Frm's EIN ▶ 1	3-556					
NA -			address ▶345 PARK AVE NE			Phone no 7	03-286		99			
			uss this return with the proparer s		<u></u>			XΥ		No		
For	Paper	rwork R	Reduction Act Notice, see the sep	parate instructions.				For	n 99 ((2015)		

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OPEN SOCIETY POLICY CENTER

52-2028955

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37

► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990

Open to Public Inspection

OMB No 1545-0047

52-2028955

OPEN SOCIETY POLICY CENTER

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33

(a) Name, address and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(a) End-of-year assets	(f) Direct controlling entity
(1)					L
(2)					
(3)					
(4)					
(5)					
(6)	-				

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year

(a) Name address, and EIN	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?		
		})	l	J	Yes	No
(1) OPEN SOCIETY INSTITUTE	13-7029285		T					
224 WEST 57TH STREET	NEW YORF, NY 10019	CHARITABLE	NY	501(C)(3)	PF	N/A		х
(2) FOUNDATION TO PROMOTE OPEN SOCIET	y 26-3753801							
224 WEST 5/TH STREET	NEW YORK NY 10019	CHARITABLE	DE	501(C)(3)	PF	N/A	1	х
(3) OPEN SOCIETY FUND, INC	.13-3095822	1		1				
224 WEST 57TH STREET	NEW YORK, NY 10019	CHARITABLE	NY	501(C)(3)	PF	N/A	} ,	х
(4) ALLIANCE FOR OPEN SOCIETY INTERNA	TIONAL 81-0623035							
224 WEST 57TH STREET	NEW YORK, NY 10019	CHARITABLE	DE	501(C)(3)	7	N/A	}) x
(5)		1	1	ļ — — ·			1	
		1						
(6)		† -	1				T	
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(7)		 	1	 			1	
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For Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule R (Form 990) 2015

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